DIVISION OF MEDICAL SERVICES
PROVIDER BULLETIN

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MISSOURI MEDICAID PROGRAM CHANGES - CLARIFICATION

CONTENTS

The following are clarifications to the Missouri Medicaid Program Changes Bulletin, Volume 27, Number 26 issued July 12, 2005.

BENEFIT COVERAGE

ME codes subject to the elimination of optional Medicaid services also includes the following categories of assistance:

ME Code	DESCRIPTION
14	Supplemental Nursing Care – Old Age Assistance
16	Supplemental Nursing Care – PTD (NC-PTD)

NURSING HOME RESIDENTS

Effective September 1, 2005 Medicaid recipients residing in a vendor nursing home, regardless of ME code, will be able to use their surplus to pay for federally mandated medically necessary services. This will be done by adjudicating claims through the Medicaid claims processing system to ensure the best price, quality, and program integrity. The vendor nursing facility level of care must be indicated on the Medicaid eligibility file. When providing services to a recipient who is living in a vendor nursing facility, providers should continue to submit claims to Missouri Medicaid in the same manner they did prior to September 1, 2005.

COPAYMENT REQUIREMENTS – THERAPY SERVICES

Certain therapy services are exempt from the copayment requirements, including physical therapy, chemotherapy, radiation therapy and chronic renal dialysis. Beginning September 1, 2005, adults receiving a limited benefit package will be required to pay a $2.00 copayment for psychotherapy services when provided by a psychiatrist or psychologist.

OUTPATIENT THERAPY

The number nine (9) was added in error to the Outpatient Therapy procedures codes. Please omit the 9 - in front of all procedure codes in the outpatient therapy section of the bulletin.

PRIOR AUTHORIZATION OF SERVICES

Prior authorization approves the medical necessity of the requested service only. It does not guarantee payment, nor does it guarantee that the amount billed will be the amount reimbursed. The recipient must be Medicaid eligible and eligible for the service on the date of the service or the date the equipment or prosthesis is received by the recipient.

Provider Bulletins are available on the DMS Website at http://www.dss.mo.gov/dms/pages/bulletins.htm. Bulletins will remain on the Published Bulletin site only until incorporated into the provider manuals as appropriate, then moved to the Archived Bulletin site.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Website at http://dss.missouri.gov/dms/subscribe/MedNewsSubscribe.htm to subscribe to the list serve to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 1-573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896